



Communications consent form

The practice uses various forms of communication to inform patients of things such as appointment reminders, new services, flu clinics, relevant health options, practice updates and opening hours and possibly in the future online consultations. To ensure that we have the correct contact details please complete the information below.

We only send information relevant to your health care and do not share your contact details with outside organisations or sales teams.

You may withdraw consent at any time by informing the reception team. Thank you

Name: Date of birth:

Address:
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Mobile telephone number:

Home telephone number:

Work telephone number:

Email address:

I consent to my details being used for communications as detailed above.

Signature _____ Date _____

If you are not already registered for online services please ask the receptionist for login details. You will be able to book appointments with the GP, Clinical Practitioner and Nurse, order repeat prescriptions and complete surveys on-line. Other features such as online consultations are currently being considered.